Must be completed at least 72 hours before your original hearing.

FAX TO 817-276-4715 or Drop off at 1305 E Broad St. Mansfield, TX 76063

COPY OF ID MUST BE ATTACHED

Request for Reset

Name:		Date:		
Address:	Apt No:	City:	State:	
Zip Code: E-m	ail :			
Phone No:	Ce	ell No.:		
Citation No(s).				
Violation(s)				
Missed Court Date:	Time:	Тур	e of Hearing:	
l,	am requesting a ne	ew court date for	the above mentioned	
citation number(s).				
Reason for Not Appearing:				
Defendant's Signature		Date:		
	Office Use Only			
Recv'd by:	Date/Time:			
New Court Date / Time :				